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DATA QUALITY MANAGEMENT CONTROL (DQMC) PROGRAM

**TRICARE Data Quality Training
Course**

January 24, 2012



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Briefing Purpose

Provide an overview of the Data Quality Management Control (DQMC) Program in the Military Health System (MHS):

- Data quality concepts;
- Background of DQMC Program;
- Components of the DQMC Program;
- TRICARE Management Activity (TMA)
Summary of Data Quality (DQ) Statement metrics;
- Inspections and External Audit statistics;
- Highlight current topics and ongoing issues;
and

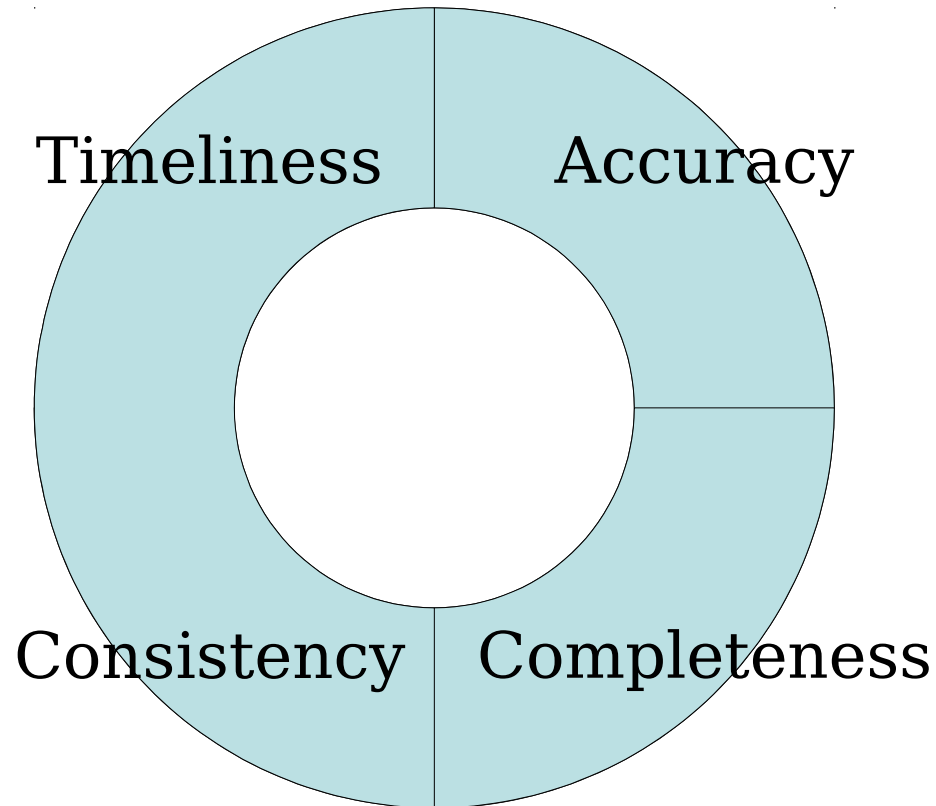


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Data Quality Concepts

Attributes ...





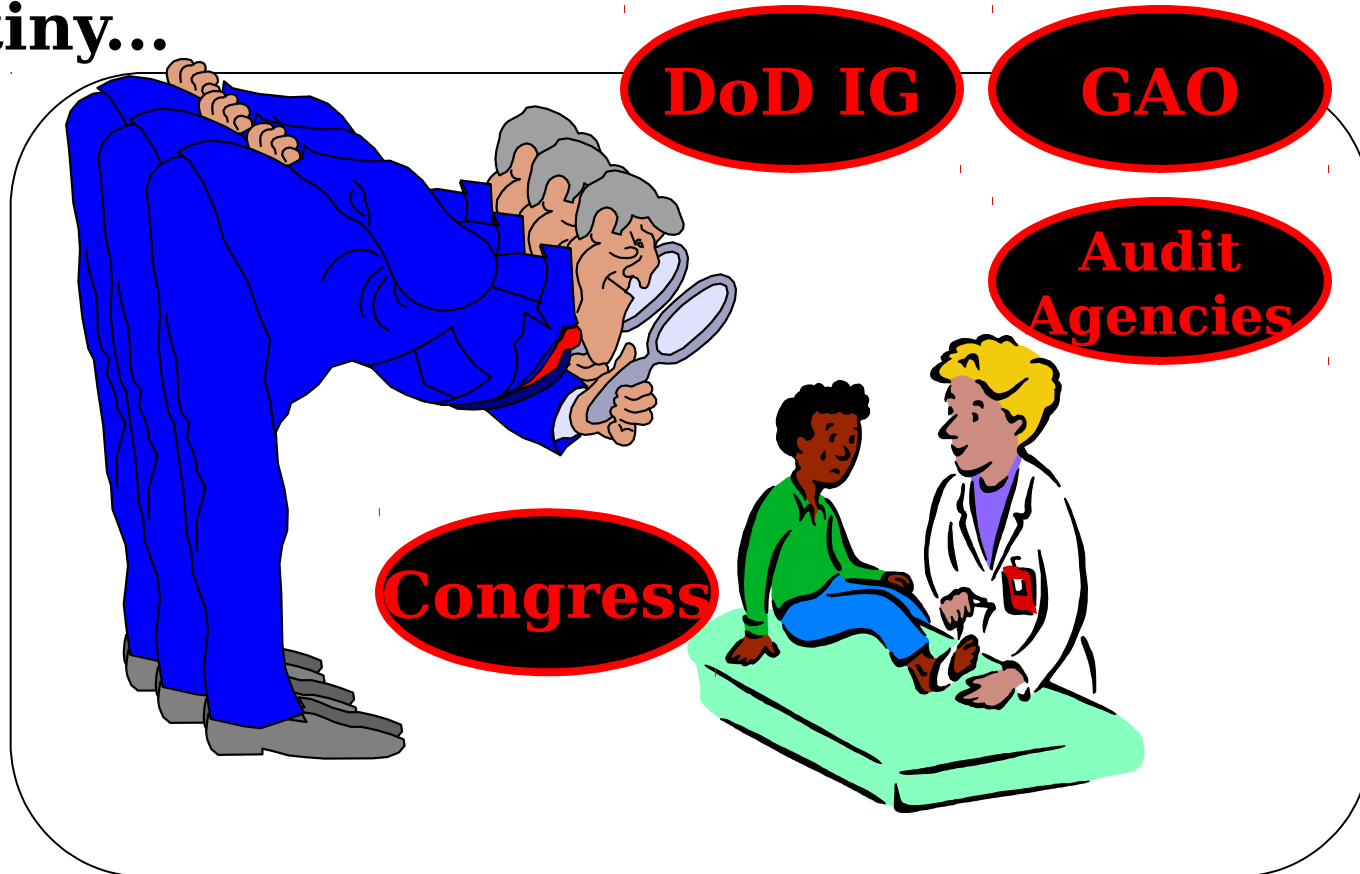
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Data Quality Concepts

Why Worry about Data Quality?

One reason is external scrutiny...





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Data Quality Concepts

Problems with Information Technology (IT)

- Typically, Data Quality is viewed as an IT problem ...
 - Some of our problems with data quality can be attributed to problems with Information Technology (IT)
 - Examples:
 - Errors in transmission of data
 - Errors in processing data
 - Unsynchronized databases
- But ...
 - The most difficult problems we face with data quality are not directly attributable to IT, nor readily fixed by IT solutions



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Data Quality Concepts

A few examples of non-Information Technology problems causing problems with data quality:

- Lack of standardized business rules and policies
- Inconsistent choices of codes, weights and algorithms
- Lack of adequate training and education
- Lack of adequate local data quality assurance
- Failure to set and enforce tough performance expectations about data quality



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Data Quality Concepts

Our people have to understand both the business and the technology...

- Training and Education: Quality data requires more than training data-entry personnel
 - Data Quality Training Course - aimed at DQ Managers (offered 3 times a year)
 - MEPRS Application & Data Improvement (MADI) and QUEST (advanced MEPRS class)
 - Working Information Systems to Determine Optimal Management (WISDOM) for MDR and M2



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Data Quality Concepts

Solutions to effectively fix data problems:

- Reasonable feedback for Commanders and Users, such as:
 - Metrics - Fast feedback to Commanders about the quality of their data
 - Rapid availability of data for use
- Best Practices – literature, forums, conferences
- Core competency



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DQMC Program Background

TMA DQMC Program Implemented 01 Dec 2000 (Fiscal Year (FY) 2001)

- DoD Inspector General (DoD IG) identified material management control weakness for MHS - Directed development of data quality assurance and management control program
- 2 Specific Reports:
 - DoD IG report concerning the FY98 Retirement Liability Estimate
 - Government Accountability Office (GAO) Medicare Subvention Demonstration report
- Assistant Secretary of Defense (Health Affairs) (ASD (HA)) concurred with the DoD IG material management control weakness findings
- ASD (HA) designated TMA Resource Management Steering Committee to oversee the development of TMA DQMC Program





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Background

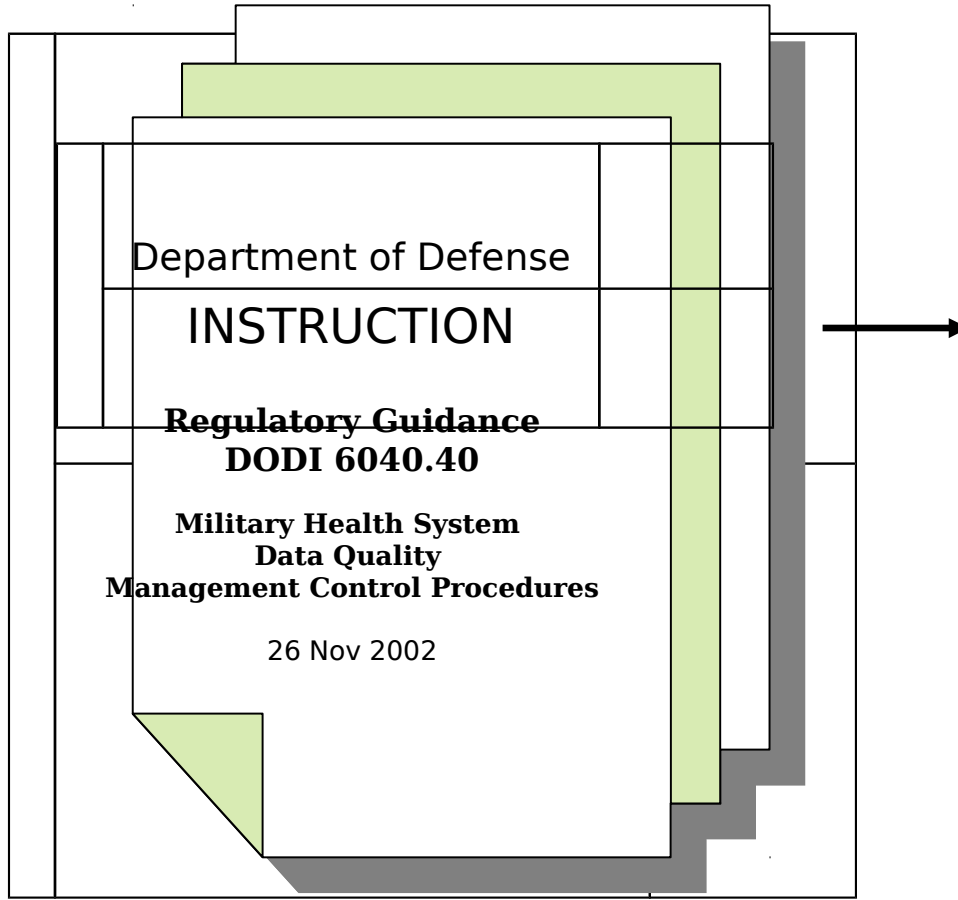
TMA Data Quality Management Control Program

- Development of DQMC Program involved multiple working groups to include major representatives
 - DoD comptroller, DoD IG and GAO provided oversight in its development
 - Service Representatives with input from field (former Region 11 Military Treatment Facilities (MTFs))
- Policy Memorandum signed on 29 Nov 00 (implemented on 01 Dec 00)
 - Subsequently updated by policy memorandums (2 Mar 01, 17 Oct 01, 05 Sep 02) and DoDI 6040.40 (26



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DQMC Program Background



DoDI 6040.40 updated
annually

2 Enclosures:

- DQMC Review List
- Data Quality Statement



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Background

TMA DQMC Program improves data quality and ensures that the MTF receives credit for the good work that they do:

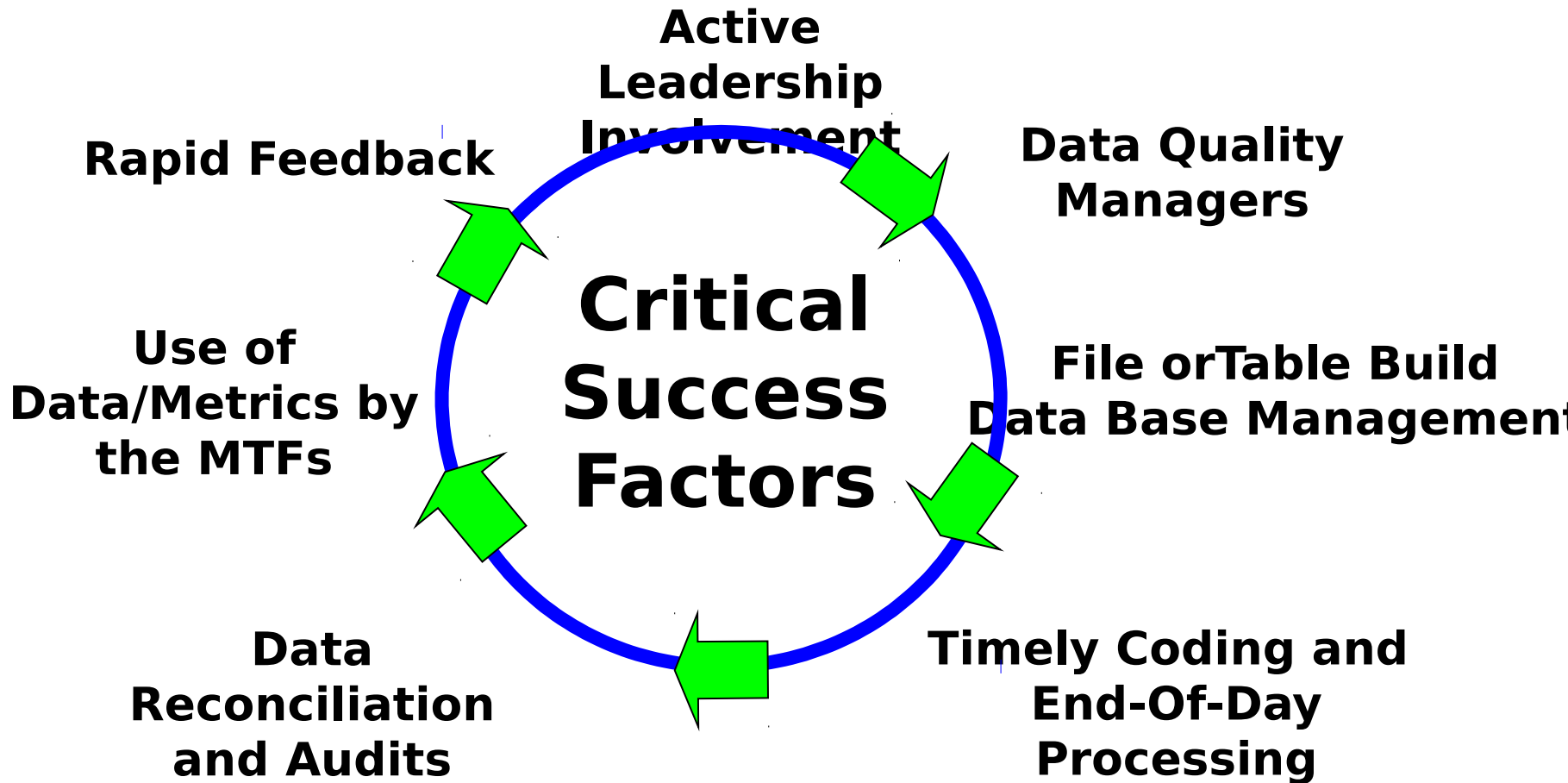
- Data Quality Manager & Data Quality Assurance Team
- DQMC Review List - Internal tool to assist MTFs monthly in identifying and correcting financial and clinical workload data problems *[Enclosure 1 of DODI 6040.40]*
- Data Quality Statement - Commander signs, subset of DQMC Review List *[Enclosure 2 of DODI 6040.40]*
- TMA DQMC Workgroup
 - TMA Chair and Service DQMC Points of Contact (POCs) meet monthly



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Background





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DQ Metrics

TMA Summary of DQ metrics

- DQ Statements:
 - Sent to TMA from Services on the 10th of the month for the preceding month's report. (Applies to the prior month's data.)
- TMA Summary:
 - Constructed from the three Service and JTF CapMed Trends, and briefed to both the Resource Management Steering Committee (RMSC) and TMA Senior Leadership and Service Deputy Surgeons General (CFOIC) twice a year.



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DQ Metrics

How are these metrics used?

- Timely feedback to the Commanders about the quality of their data
- Discussed monthly at DQMC

Workgroup meetings

- Service DQ POCs and TMA meet
- Service and TMA-wide issues discussed and documented:
 - Capturing of Outpatient data in CAPERs
 - ADM Write-back discovery and solutions
 - Table updates
 - Metrics compliance and implementation
 - MEPRS Early Warning and Control System (MEWACS) usage for data error detection
 - Observation Care Policy



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DQ Metrics

How are these metrics used?

- Posted on the **TMA - OCFO, MC&FS - Web site, DQMC webpage**
 - <http://www.tricare.mil/ocfo/mcfs/dqmcp.cfm>
 - Metrics & Reports
 - Important reference material
- Peer Review




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DQ Metrics

TMA DQMC webpage

<http://www.tricare.mil/ocfo/mcfs/dqmcp.cfm>

 TRICARE HOME

 OCFO HOME

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Data Quality Management Control Program

The Data Quality Management Control (DQMC) Program workgroup reports to the MHS Resource Management Steering Committee (RMSC). The DQMC team serves as the advisory body for developing and recommending the strategic direction for the RMSC in support of the MHS DQMC Program and its associated Department Of Defense Instruction (DoDI 6040.40). The DQMC Program provides command oversight and recommended structure to improve the submission of complete, accurate and timely data and to assure uniformity and standardization of information across the MHS. The workgroup's responsibilities include:

- Identification of policy and information system shortfalls impacting the implementation of DoDI 6040.40 at the service and MTF level
- Coordinate with other MHS workgroups and TMA directorates as required to communicate shortfalls and provide recommended solutions
- Insure the Data Quality Review List and Commanders Statement (DoDI 6040.40) are updated to reflect policy changes and standards as required
- Serve as the point of contact for Government Accountability Office/Department Of Defense Inspector General (GAO/DoDIG) and other external agencies on all DQMC issues
- Provide oversight and support in conducting the MHS Data Quality Course and provide training and education on implementation of DoDI 6040.40



DQMC Program

DQ Metrics

FY 2011 Questionnaire

July 2011 (May FY 2011 Data Month)

Percent Compliant by Service (extract from TMA Summary Sheet)

DQ Statement Question Number:

1. In the data month (include only B*** and FBN* accounts):
 - a. What percentage of appointments was closed in meeting your "End of Day" processing requirements, "Every appointment - Every day?" (B.5.a)
2. IAW legal and medical coding practices have all the following occurred:
 - a. What percentage of Outpatient Encounters, other than APVs, has been coded within 3 business days of the encounter? (B.6a)
 - b. What percentage of APVs has been coded within 15 calendar days of the Encounter? (B.6b)
 - c. What percentage of Inpatient records has been coded within 30 calendar days after discharge? (B.6c)
3. MEPRS Manual, DoD 6010.13-M, dated April 7, 2008, paragraph C3.3.4, requires report reconciliation. (C.1.a, c, e, f)
 - a. Was the monthly MEPRS/EAS financial reconciliation completed, validated, and approved by the MTF Resource Manager prior to MEPRS monthly transmission? (C.1a)
 - b. Were the data load status, outlier/variance, WWR-EAS IV, and allocation tabs in the MEWACS document reviewed and explanations provided for flagged data anomalies? (C.1c)
 - c. MEPRS Report Reconciliation DoD 6010.13-M: For DMHRSi, What is the Percentage of Submitted Timecards by the Suspense Date (C.1e)
 - d. MEPRS Report Reconciliation DoD 6010.13-M: For DMHRSi, What is the Percentage of Approved Timecards by the Suspense Date (C.1f)
4. Compliance with TMA or Service-Level guidance for timely submission of data:
 - a. MEPRS/EAS - 45 Calendar Days
 - b. SIDR/CHCS - 5th Working Day of the Following Month
 - c. WWR/CHCS - 10th Calendar Day of the Month
 - d. SADR/ADM - Daily
5. Outcome of monthly inpatient coding audit: (C.5.c, f, g, h)
 - a. Percentage of Inpatient Records whose assigned DRG codes were correct (C.5c) [Self-reported]
 - b. Inpatient Professional Services Rounds encounters E & M codes audited and deemed correct (C.5f) [Self-reported]
 - c. Inpatient Professional Services Rounds encounters ICD-9 codes audited and deemed correct (C.5g) [Self-reported]
 - d. Inpatient Professional Rounds encounters CPT codes audited and deemed correct (C.5h) [Self-reported]
6. Outpatient Records (C.6.a, b, c, d)
 - a. Is adequate documentation of the encounter selected to be audited available? (Denominator equals sample size.) (C.6a)
 - b. What is the percentage of E & M codes deemed correct? (E & M codes must comply with DoD guidance) (C.6b) [Self-reported]
 - c. What is the percentage of ICD-9 codes deemed correct? (C.6c) [Self-reported]
 - d. What is the percentage of CPT Codes deemed correct? (CPT Code must comply with current DoD guidance.) (C.6d) [Self-reported]
7. Ambulatory Procedure Visits (APV) (C.7.a, b, c)
 - a. Is adequate documentation of the encounter selected to be audited available? (Denominator equals sample size.) (C.7a)
 - b. What is the percentage of ICD-9 codes deemed correct? (C.7b) [Self-reported]
 - c. What is the percentage of CPT codes deemed correct? (CPT Codes must comply with DoD guidance) (C.7c) [Self-reported]
8. DD-2569 forms. (C.8.a, b, c, d, e, f)
 - a. DD-2569 forms - Inpatient dispositions: What percentage of completed and current (signed within the past 12 months) DD Form 2569s (TPC Insurance Info) is available for review?
 - b. DD-2569 forms - Inpatient dispositions: What percentage of available, current and complete DD Form 2569s is verified to be correct in the PII module in CHCS?
 - c. DD-2569 forms Outpatient encounters: What percentage of completed and current (signed within the past 12 months) DD Form 2569s (TPC Insurance Info) is available for review?
 - d. DD-2569 forms Outpatient encounters: What percentage of available, current and complete DD Form 2569s is verified to be correct in the PII module in CHCS?
 - e. APVs: What percentage of completed and current (signed within the past 12 months) DD Form 2569s (TPC Insurance Info) is available for review?
 - f. APVs: What percentage of available, current and complete DD Form 2569s is verified to be correct in the Patient Insurance Information (PII) module in CHCS?
9. Comparison of reported workload data. [Service average is average of percentage of each MTF.] (C.9.a, b, c, d, e)
 - a. Number of SADR encounters (count only) / number of WWR visits.
 - b. Number of SIDR dispositions / number of WWR dispositions.
 - c. Number of EAS visits / number of WWR visit.
 - d. Number of EAS dispositions / number of WWR dispositions.
 - e. Number of Inpatient Professional Services Rounds SADR encounters (FCC=A***) / number of SUM WWR (Bed days + Dispositions + Live Births + Bassinet Days). (FY11 Goal is 80%)
10. System Design, Development, Operations, and Education/Training. (E.4.i)
 - a. Number of AHLTA SADR encounters / number of total SADR encounters. (The FY11 goal is 95%).
11. Use CHCS during the data month to identify potential duplicate patients and appointments.
 - a. For CHCS/AHLTA hosts only, what was the number of potential duplicate patient records in the data month for all MTFs under the host?
12. Awareness of Data Quality Issues
 - a. I am aware of the DQ issues identified by the completed DQ Statement & DQMC Review List and when needed, have incorporated monitoring and taken action to improve the data from my facility.

	Month #1 - Percent Compliant				Month #2 - Percent Compliant			
Reporting Month	Dec-10	Dec-10	Dec-10	Dec-10	Jan-11	Jan-11	Jan-11	Jan-11
Data Month	Oct-10	Oct-10	Oct-10	Oct-10	Nov-10	Nov-10	Nov-10	Nov-10
Service Name	Army	Navy	Air Force	Svc Avg	Army	Navy	Air Force	Svc Avg
QUESTION KEY:								
1. In the data month (include only B*** and FBN* accounts):								
a. What percentage of appointments was closed in meeting your "End of Day" processing requirements, "Every appointment - Every day?" (B.5.a)	100%	99%	100%	100%	100%	100%	100%	100%
2. IAW legal and medical coding practices have all the following occurred:								
a. What percentage of Outpatient Encounters, other than APVs, has been coded within 3 business days of the encounter? (B.6a)	92%	90%	89%	90%	93%	90%	89%	91%
b. What percentage of APVs has been coded within 15 calendar days of the Encounter? (B.6b)	94%	95%	82%	90%	93%	92%	81%	88%
c. What percentage of Inpatient records has been coded within 30 calendar days after discharge? (B.6c)	86%	39%	66%	63%	95%	96%	78%	90%
3. MEPRS Manual, DoD 6010.13-M, dated April 7, 2008, paragraph C3.3.4, requires report reconciliation. (C.1.a, c, e, f)								
a. Was the monthly MEPRS/EAS financial reconciliation completed, validated, and approved by the MTF Resource Manager prior to MEPRS monthly transmission? (C.1a)	100%	100%	89%	96%	100%	100%	89%	96%
b. Were the data load status, outlier/variance, WWR-EAS IV, and allocation tabs in the MEWACS document reviewed and explanations provided for flagged data anomalies? (C.1c)	100%	100%	99%	100%	100%	100%	97%	99%
c. MEPRS Report Reconciliation DoD 6010.13-M: For DMHRSI, What is the Percentage of Submitted Timecards by the Suspense Date (C.1e)	99%	97%	92%	96%	93%	95%	93%	94%
d. MEPRS Report Reconciliation DoD 6010.13-M: For DMHRSI, What is the Percentage of Approved Timecards by the Suspense Date (C.1f)	99%	96%	91%	95%	93%	94%	92%	93%
4. Compliance with TMA or Service-Level guidance for timely submission of data:								
a. MEPRS/EAS - 45 Calendar Days	97%	70%	53%	73%	91%	74%	49%	71%
b. SIDR/CHCS - 5th Working Day of the Following Month	96%	100%	100%	99%	100%	95%	93%	96%
c. WWR/CHCS - 10th Calendar Day of the Month	100%	100%	94%	98%	97%	100%	94%	97%
d. SADR/ADM - Daily	97%	99%	100%	99%	98%	100%	99%	99%
5. Outcome of monthly inpatient coding audit: (C.5.c, f, g, h)								
a. Percentage of Inpatient Records whose assigned DRG codes were correct (C.5c) [Self-reported]	91%	97%	86%	91%	95%	91%	93%	93%
b. Inpatient Professional Services Rounds encounters E & M codes audited and deemed correct (C.5f) [Self-reported]	94%	92%	79%	88%	97%	86%	80%	88%
c. Inpatient Professional Services Rounds encounters ICD-9 codes audited and deemed correct (C.5g) [Self-reported]	93%	89%	78%	86%	95%	82%	78%	85%
d. Inpatient Professional Rounds encounters CPT codes audited and deemed correct (C.5h) [Self-reported]	94%	92%	79%	88%	97%	85%	79%	87%
6. Outpatient Records (C.6.a, b, c, d)								
a. Is adequate documentation of the encounter selected to be audited available? (Denominator equals sample size.) (C.6a)	99%	100%	97%	99%	99%	100%	95%	98%
b. What is the percentage of E & M codes deemed correct? (E & M codes must comply with DoD guidance) (C.6b) [Self-reported]	89%	82%	86%	85%	91%	81%	84%	85%
c. What is the percentage of ICD-9 codes deemed correct? (C.6c) [Self-reported]	97%	92%	90%	93%	97%	90%	89%	92%
d. What is the percentage of CPT codes deemed correct? (CPT Code must comply with current DoD guidance.) (C.6d) [Self-reported]	92%	90%	87%	90%	92%	90%	87%	90%
7. Ambulatory Procedure Visits (APV) (C.7.a, b, c)								
a. Is adequate documentation of the encounter selected to be audited available? (Denominator equals sample size.) (C.7a)	100%	100%	77%	92%	100%	100%	89%	96%
b. What is the percentage of ICD-9 codes deemed correct? (C.7b) [Self-reported]	98%	97%	80%	91%	97%	96%	90%	94%
c. What is the percentage of CPT codes deemed correct? (CPT Codes must comply with DoD guidance) (C.7c) [Self-reported]	98%	98%	79%	92%	98%	98%	91%	96%
8. DD-2569 forms. (C.8.a, b, c, d, e, f)								
a. DD-2569 forms - Inpatient dispositions: What percentage of completed and current (signed within the past 12 months) DD Form 2569s (TPC Insurance Info) is available for review?	96%	93%	86%	92%	95%	94%	93%	94%
b. DD-2569 forms - Inpatient dispositions: What percentage of available, current and complete DD Form 2569s is verified to be correct in the PII module in CHCS?	100%	99%	99%	99%	100%	98%	99%	99%
c. DD-2569 forms Outpatient encounters: What percentage of completed and current (signed within the past 12 months) DD Form 2569s (TPC Insurance Info) is available for review?	81%	78%	89%	83%	83%	95%	90%	89%
d. DD-2569 forms Outpatient encounters: What percentage of available, current and complete DD Form 2569s is verified to be correct in the PII module in CHCS?	100%	100%	100%	100%	99%	85%	99%	94%
e. APVs: What percentage of completed and current (signed within the past 12 months) DD Form 2569s (TPC Insurance Info) is available for review?	96%	88%	89%	91%	92%	90%	85%	89%
f. APVs: What percentage of available, current and complete DD Form 2569s is verified to be correct in the Patient Insurance Information (PII) module in CHCS?	100%	100%	100%	100%	100%	97%	99%	98%
9. Comparison of reported workload data. [Service average is average of percentage of each MTF.] (C.9.a, b, c, d, e)								
a. Number of SADR encounters (count only) / number of WWR visits.	100%	99%	97%	99%	100%	100%	98%	100%
b. Number of SIDR dispositions / number of WWR dispositions.	98%	50%	84%	77%	100%	96%	88%	94%
c. Number of EAS visits / number of WWR visit.	100%	100%	100%	100%	100%	100%	100%	100%
d. Number of EAS dispositions / number of WWR dispositions.	100%	100%	100%	100%	100%	100%	100%	100%
e. Number of Inpatient Professional Services Rounds SADR encounters (FCC-A***) / number of SUM WWR (Bed days + Dispositions + Live Births + Bassinet Days). (FY11 Goal is 80%)	88%	80%	78%	82%	88%	79%	64%	77%
10. System Design, Development, Operations, and Education/Training. (E.4.J)								
a. Number of AHLTA SADR encounters / number of total SADR encounters. (The FY11 goal is 95%).	91%	92%	98%	94%	92%	97%	99%	96%
11. Use CHCS during the data month to identify potential duplicate patients and appointments.								
a. For CHCS/AHLTA hosts only, what was the number of potential duplicate patient records in the data month for all MTFs under the host?	866	187	131	395	421	150	133	235
12. Awareness of Data Quality Issues								
a. I am aware of the DQ issues identified by the completed DQ Statement & DQMC Review List and when needed, have incorporated monitoring and taken action to improve the data from my	100%	100%	100%	100%	100%	100%	100%	100%



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DQ Metrics

- Metric Standards (colors) are as follows:
 - Green - 95-100
 - Yellow - 80-94
 - Red - 0-79
 - Except 9e, which is Green for 80% and above
 - 11 does not yet have a standard – no color
- Metric colors
 - Generally move from red to green as the fiscal year progresses and issues are ironed out
 - Sometimes “RED” is good, revealing a system wide problem



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DQ Metrics FY 2011 - Observations

Observations about FY 2011 DQ metrics:

- DQ Metrics help to identify impact of slow table release
 - FY 2011 International Classification of Diseases, 9th Edition/Revision (ICD-9) code table updates were earliest they have ever been; Standard Inpatient Data Record (SIDR) and grouping completion has to wait for table update (Question 2c)
 - Despite earlier release of code tables for FY 2011, MTF coding still delayed

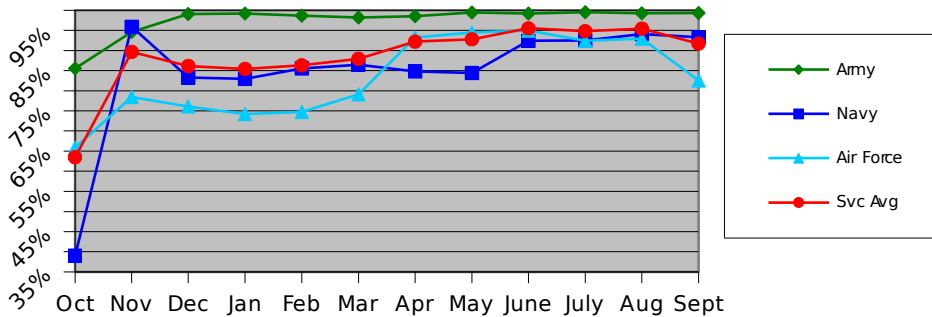


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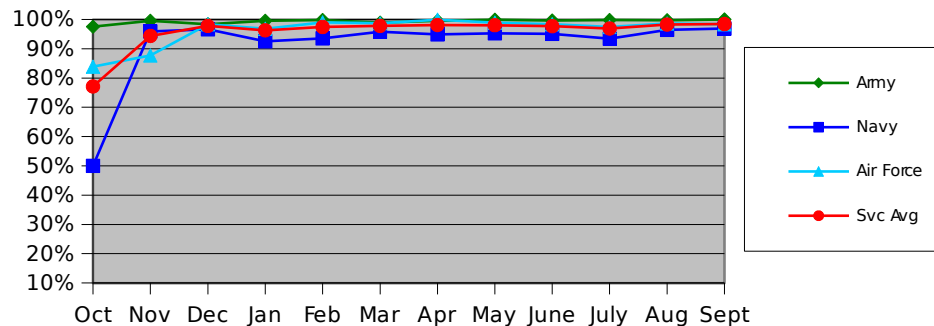
DQ Metrics FY 2011 - Observations (continued)

Slow release of ICD-9 Code table

2c. Inpt Coding 30 Day Timeliness



9b. SIDR Disp. vs. WWR Disp.



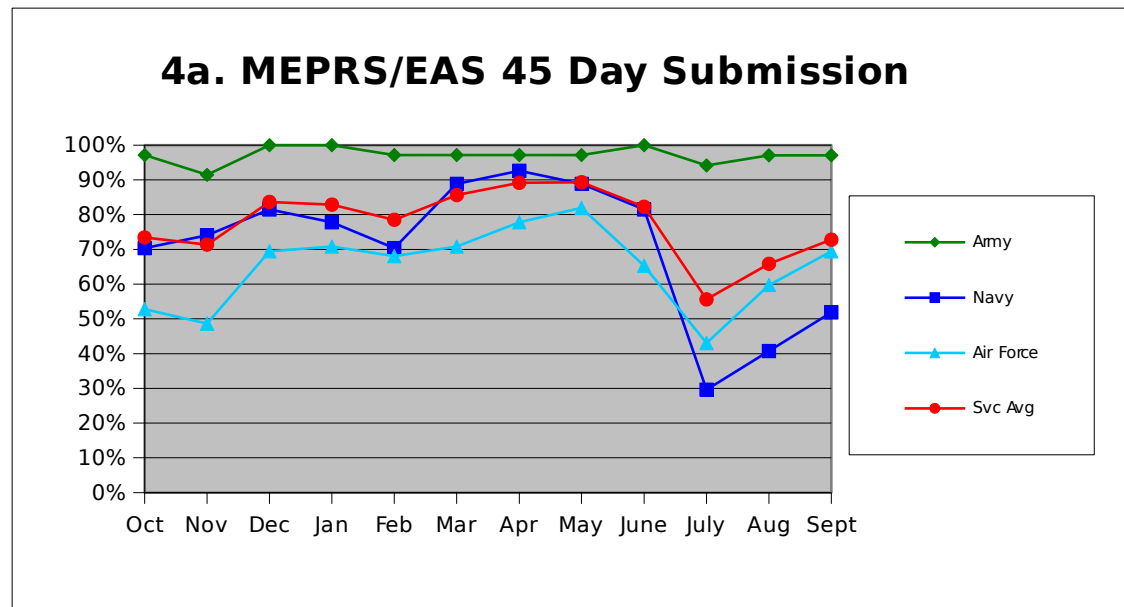


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DQ Metrics FY 2011 - Observations *(continued)*

- Sudden difficulty in MEPRS data transmission timeliness
 - DMHR Si server difficulty
 - Moving MTFs to JTF CapMed





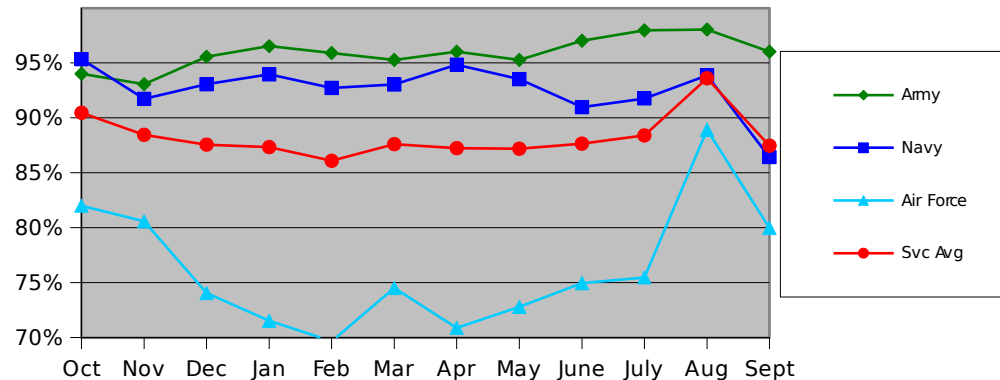
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DQ Metrics FY 2011 - Observations *(continued)*

- Air Force difficulty with ambulatory procedure visit (APV) Coding timeliness
 - Falling behind other Services

2b. APV Coding 15 Day Timeliness



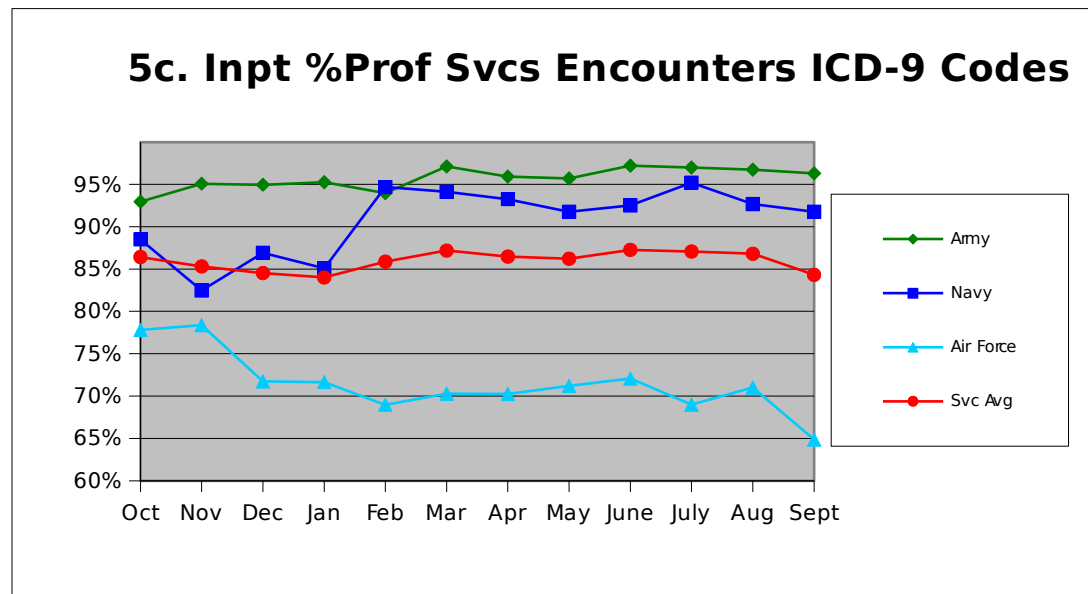


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DQ Metrics FY 2011 - Observations *(continued)*

- Air Force not coding Inpatient rounds due to short staff
 - Falling behind other Services





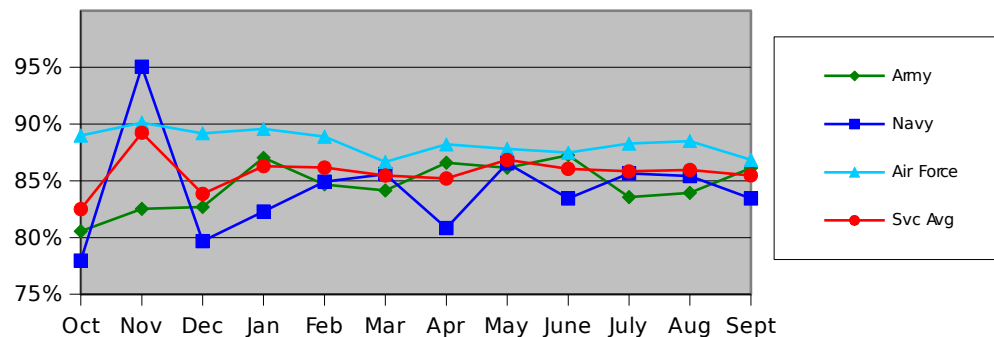
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DQ Metrics FY 2011 - Observations *(continued)*

- Collection of Outpatient DD Form 2569 slowly rising

- Grouped DD Form 2569 questions on DQ Statement
- MTFs still struggling to collect forms
- Civilian providers do not treat without full health insurance

8c. % Complete 2569s Available for Review





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Inspections/External Audits

DoD IG inspected - results (Apr 01-Oct 01) were published in a report signed 29 Aug 02.

General Comments:

- Inadequate preparation and training of the DQ Team

DoD IG MTF Specific Comments:

- Lack of audit trail - no supporting documentation
- Lack of accountability
- Lack of training



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Inspections/External Audits

External Audit - 2002

Iowa Foundation

- The audit consisted of 50 sites, 11,254 cases
- Unavailability of records (47%)
- Specific encounter not found in 9% of the records
- Coded incorrectly, 27%; 70% over coded, 30% under coded
- Coded correctly, 17%

AdvanceMed ended up with similar results

- National Capitol Region (NCR) availability of records (9%)

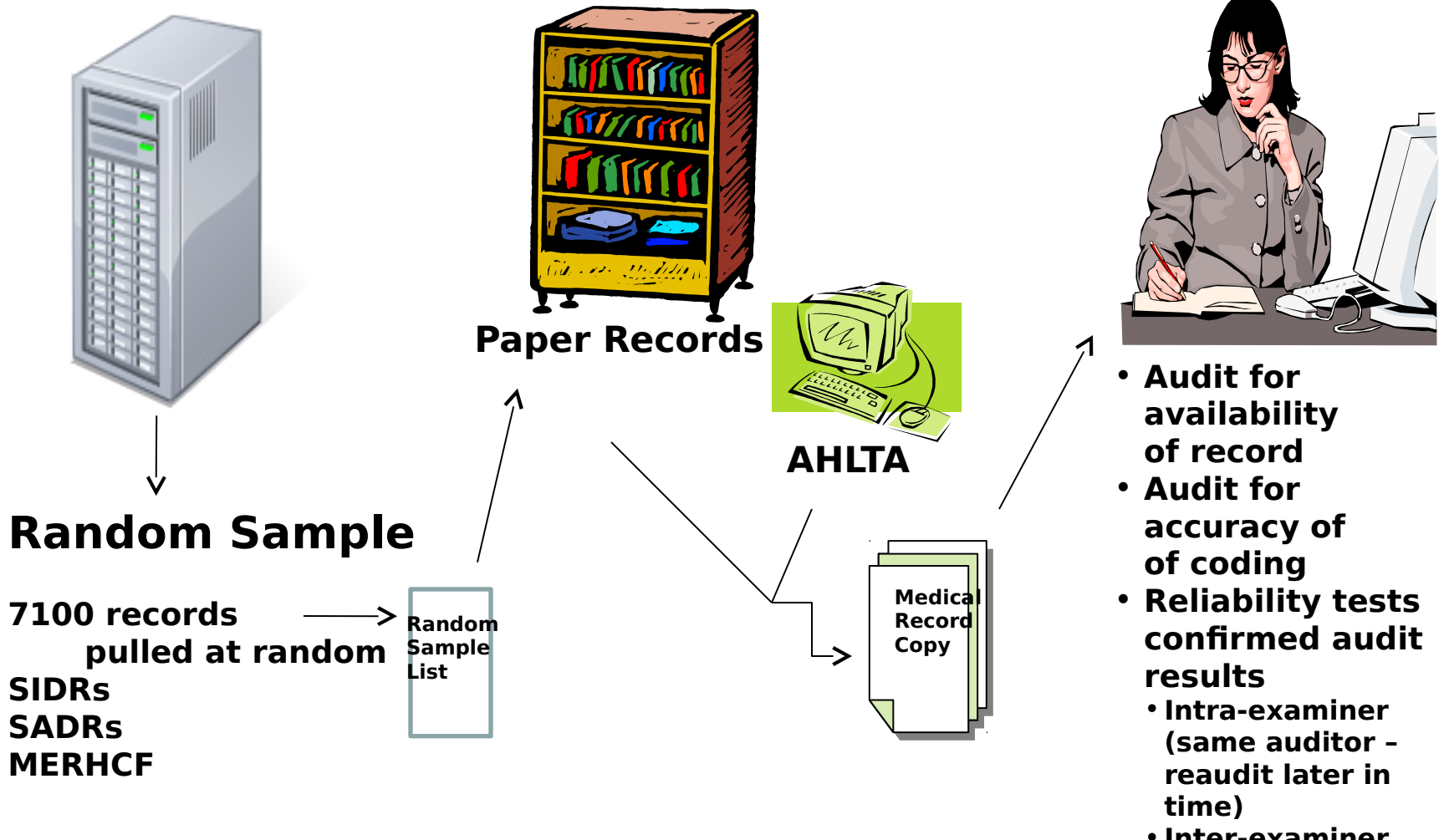


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Inspections/External Audits

FY 2010 MTF External Coding Audit: MHS Data Repository Medical Records Coding Audit





11 random samples of FY 2008 medical records drawn from across the direct care system

Total audit size = 7,100

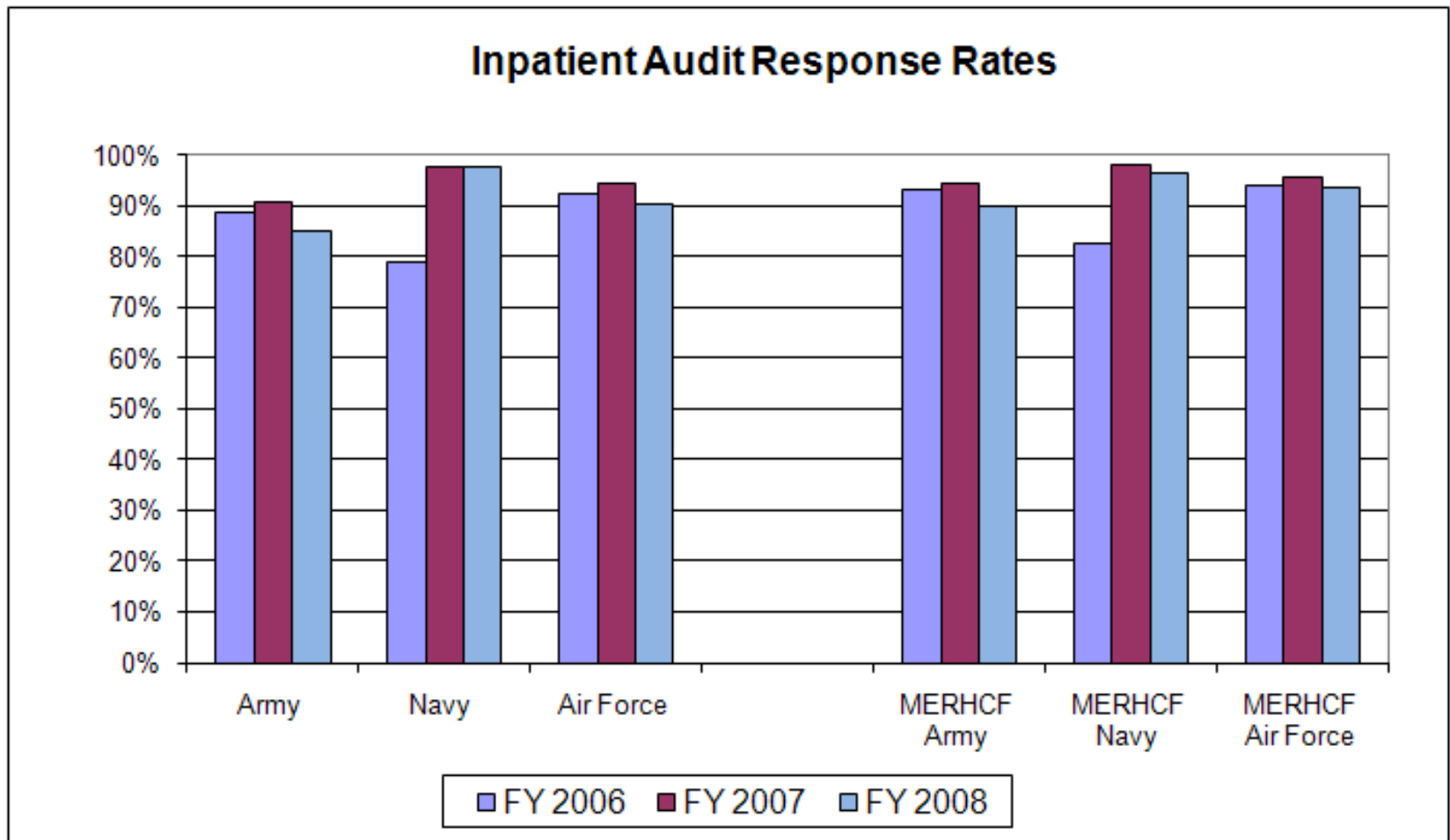


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Inspections/External Audits

External Coding Audit Response Rates FY 2010



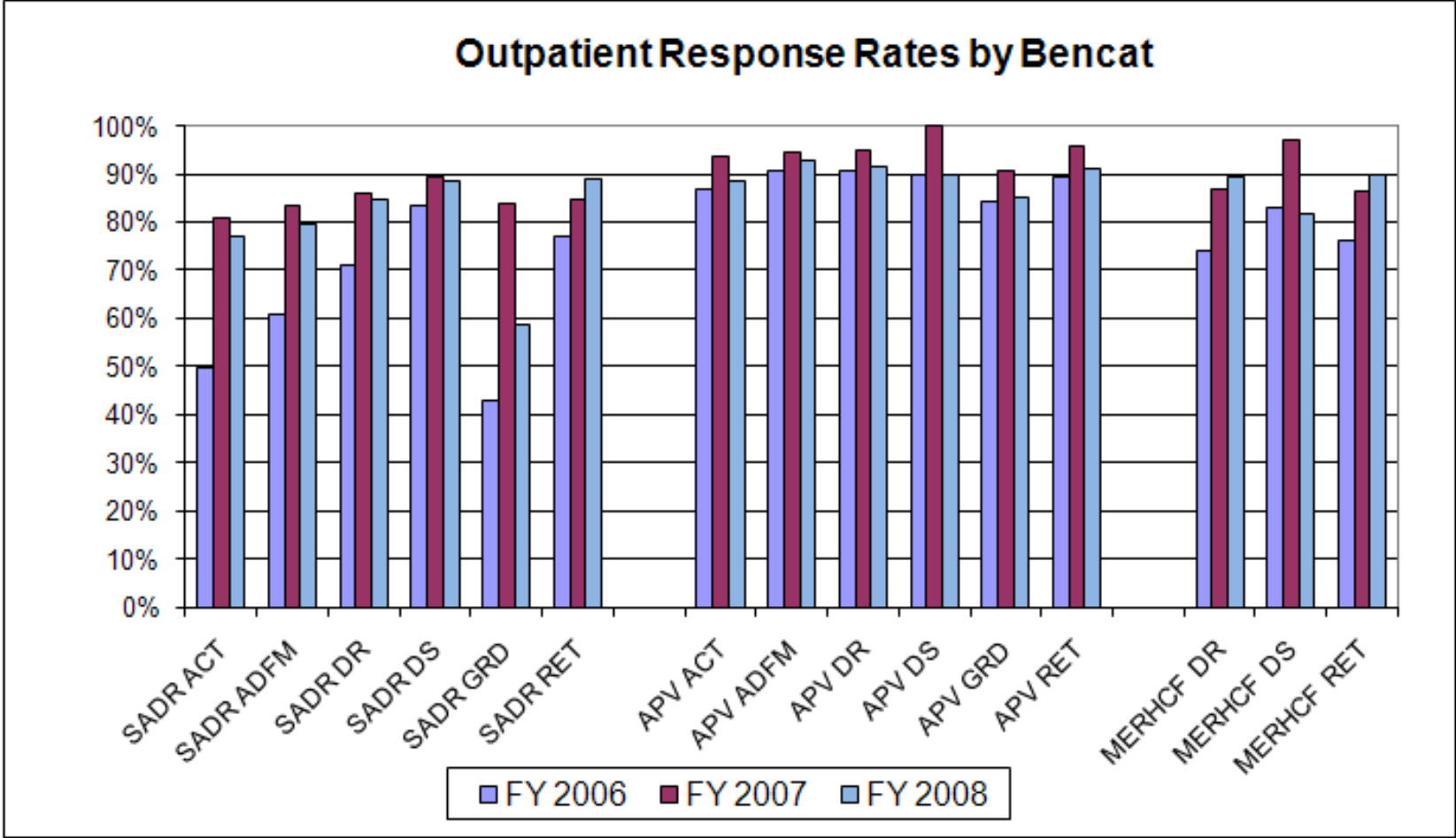


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Inspections/External Audits

External Coding Audit Response Rates FY 2010

(Data Reported FY 2009)



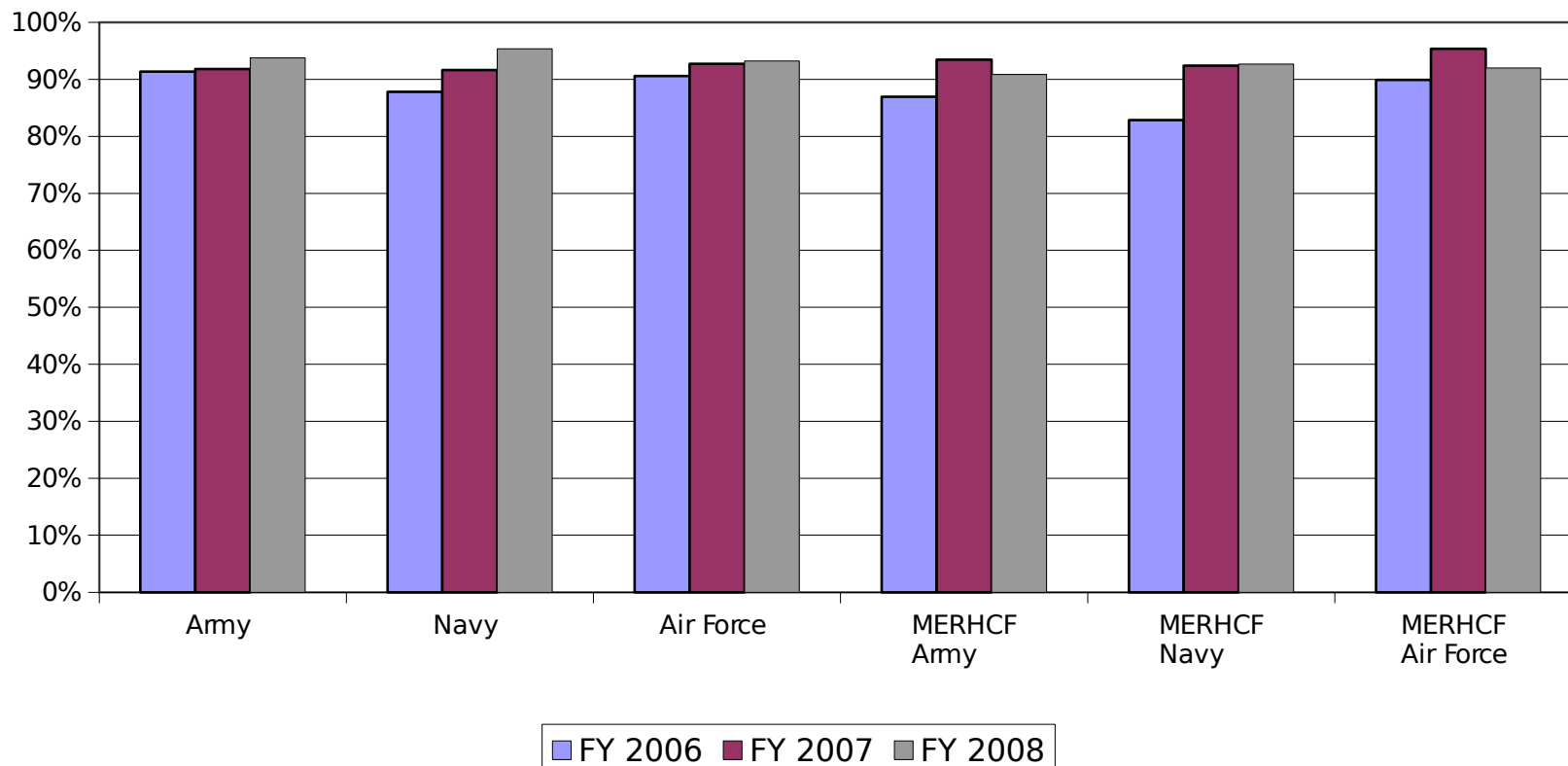


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Inspections/External Audits

**Percent of Inpatient Records that Passed the Audit
(Only includes records that were received)**

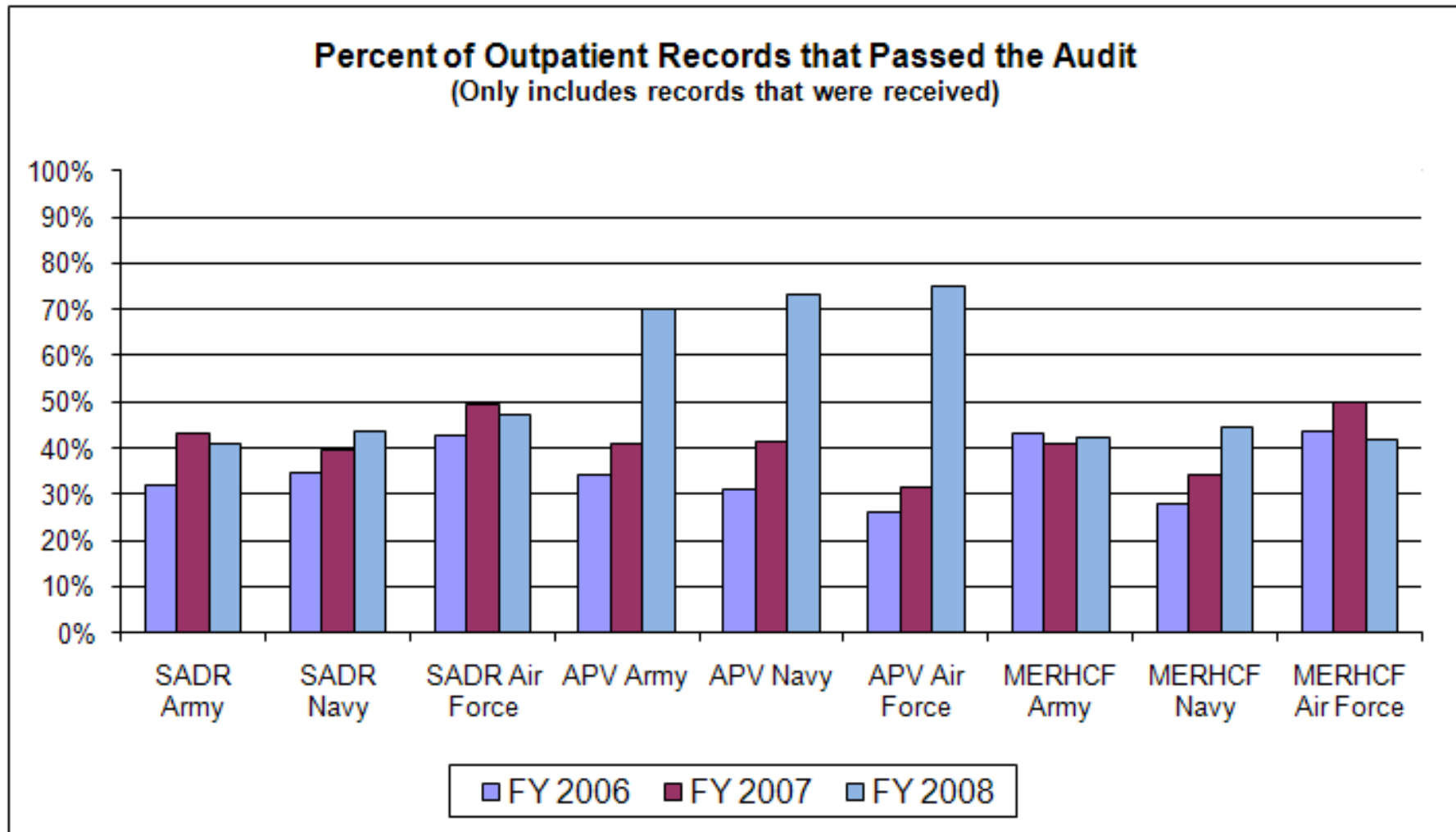




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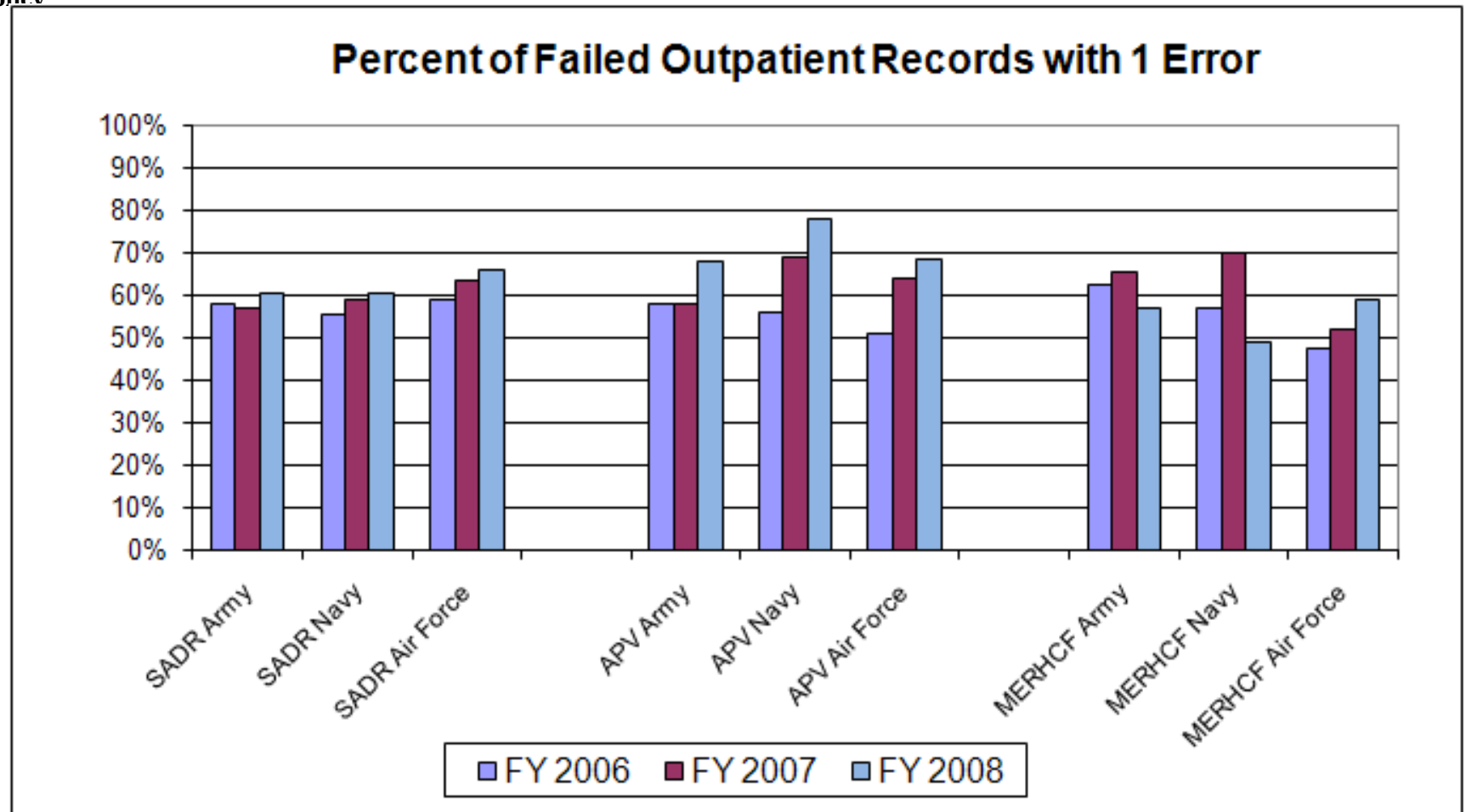




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Note: Quick Fix – send the AHLTA cited documentation



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Current Topics

Some of the topics being pursued:

- Training:
 - DQ Course
 - Using M2 Data Quality Reports to Improve MTF Data Quality (hands-on tutorial)
 - Navy Patient Admin Course
- Implementation of annual Data Quality Statement Update for FY 2012:
 - Further clarification of wording for Tri-Service uniformity;
 - Monthly Internal Coding Audit – standardize across Services with Headquarter determining data pull
 - Focus on Duplicate Patient registration to prevent duplicate records.



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Ongoing Issues

Issues being pursued:

- Medical Expense Performance and Reporting System (MEPRS) Timely Reporting
 - Continuing to work issues with DMHRSi
 - Incorporating JTF CapMed
- Central System Table Synchronization (e.g., ICD-9, CPT Table):
 - AHLTA, CHCS
- Coding Accuracy:
 - MTF External Coding Audit for FY11 (FY09 medical records) – results analyzed
 - MTF External Coding Audit for FY12 9FY10 medical records) – pull list being finalized



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Conclusion

There are many benefits to Data Quality:

- Records (with accurate documentation and coding):
 - Provide evidence of treatment and support budget, reimbursement and billing
 - Support training and education
 - Facilitate quality assurance processes
 - Provide the legal defense for patients, providers and the MHS
- Availability of records provides the communications link between providers and continuity of care



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Conclusion

How Can You Help?

- Provide **feedback** to staff and **use the data**
- Develop dashboards
- Brief medical staff on command data
 - Executive Steering Committee
 - Department & Division Heads
- Be well-read/knowledgeable in data quality
 - Reporting
 - Analysis
- Network and share information



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DQMC Program Conclusion

DQ POCs

- TMA
- Army
- Navy
- Air Force



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Questions

